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PTO/SB/21 (09-06)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/726,324	
	Filing Date	December 1, 2003	
	First Named Inventor	Hare et al.	
	Art Unit	3764	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	10008.0113US01 (HA68-002)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WITHERS & KEYS, LLC		
Signature			
Printed name	James D. Withers		
Date	10/13/06	Reg. No.	40,376

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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Typed or printed name	James D. Withers	Date	10/13/06

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PAGE 02/02

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<small>PTO/SB/02 (08-04) Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</small>	
	Application Number	10/726,324
	Filing Date	December 1, 2003
	First Named Inventor	Hera
	Art Unit	3764
	Examiner Name	Not yet assigned
Attorney Docket Number	10008.0113US01 (HA68-002)	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 44305

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

44305

OR

<input checked="" type="checkbox"/> Firm or Individual Name	WITHERS & KEYS, LLC		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Joseph Hare</i>		
Name	Joseph Hare		
Date	9/14/06	Telephone	509-998-7511

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (09-04)

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Application Number	10/726,324
Filing Date	December 1, 2003
First Named Inventor	Hare
Art Unit	3764
Examiner Name	Not yet assigned
Attorney Docket Number	10008.0113US01 (HA68-002)

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OR

☒ I hereby appoint the practitioners associated with the Customer Number:

44305

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

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☒ Firm or
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name Judson E. Threlkeld

Date 10/5/06

Telephone 360 954 5454

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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